



**A CLINICAL SUCCESS IN *VATAJA SHIRASHOOLA* WITH *RASNADI TAILA NASYA* AND *DASHAMOOLA KWATHA* – A CASE REPORT**

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**ABSTRACT**

*Vataja Shirashoola* is a most common experienced condition characterised by excruciating pain in the head. The pain is aggravated at night, and is relieved by massage, bandaging and warm regimens. Based on its clinical presentation, it can be compared to Tension type headache (TTH). It is more common in females than in males. There are many treatment modalities available for the treatment of TTH in modern medicine, viz, Non-Steroidal Anti Inflammatory Drugs (NSAIDS), analgesics etc., but, it gives temporary relief only, and, the long term use of these medicines leads to some systemic complications. So, it is the need of the hour to develop a treatment protocol which is safe as well as effective. In the present case report, a 45 year old female presented with the features of *Vataja Shirahshoola*, since 5-6 months. She was treated with two sittings of *Nasya* (~Nasal administration) with *Rasnadi Taila*, each sitting of 7 days, one week apart, alongwith oral administration of *Dashamoola Kvatha*, 10 ml twice daily for 30 days. This single case showed complete relief in cardinal features.

**Keywords:** *Vataja Shirahshoola*, Tension Type Headache, *Dashamoola Kvatha*, *Nasya*, *Rasnadi Taila*.

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## INTRODUCTION

Tension headache is the most common primary headache and accounts for 69% of all headaches. [1] It is mentioned in Ayurvedic classics that when *Vata* is vitiated by the respective *Nidana Sevana* (~causative factors) there is excruciating pain in the head. The pain is aggravated at night, and is relieved by massage, bandaging and warm regimens. [2] Based on the clinical features, it is correlated with *Vataja Shirashoola* mentioned in the *Ayurvedic* classics.

*Vataja Shirashoola* is recurring in nature, and in most cases it is aggravated by *Vata* vitiating factors like *Vegadharana* (~suppression of natural urges), *Ratrijagarana* (~vigil during night), *Diwaswap* (~ day sleep), *Adhikavyavaya* (~excess sexual indulgence), *Rodana* (~excessive weeping), *Ucchairbhashya* (~Speaking loudly), *Dhuli-Dhuma–Dhupasevana* (~exposure to dust, smoke, sunlight) and psychological stress in the form of *Chinta* (~stress), *soka*(~sadness), *krodha* (~excessive anger) etc. [3] It is more common in females than in males. [4] Based on its signs and symptoms it can be compared with tension type headache. There are many treatment modalities available in modern science for TTH such as analgesics like ibuprofen, Non-Steroidal Anti-Inflammatory

Drugs (NSAIDS) etc. but, it provides only temporary relief and long term use of these medicines leads to some systemic side effects. As described by *Acharya Sushruta*, *Vataja Shirashoola* may be treated by *Nasya* and oral medications. [5] This case report deals about the *Ayurvedic* management of *Vataja Shirashoola*. The present case study is reported here to explore better treatment modalities and to avoid recurrences of such headaches.

### Case Report:

A 45 year old female patient visited the E.N.T. OPD of *Shalaky Tantra*. She presented with chief complaints of headache in Bitemporal areas associated with pain in back side of neck and pain in eyes since 2 days. This type of headache was recurring and episodic in nature and occurred usually once in a fortnight. The headache usually lasted for 2-3 days and mildly subsided on taking analgesics and tying the forehead with a cloth. She was very disturbed with the headache. She was having this complaint since the past 4-5 months. She had also consulted ophthalmologist for the same, but no problem was detected in the eyes. She was prescribed some analgesics, which she continued for 3-4 days and got relief. But, after 2 weeks of the episode, she had another episode of the

disturbing headache which was also affecting her daily chores and due to this, she had to take off from work also. So now, she has visited AIIA seeking for better management of the headache in *Ayurveda*.

### **General Examination**

On general clinical examination, the patient was found afebrile, had a moderate appetite with normal bowel movements.

### **Systemic Examination**

Systemic examination including respiratory and cardiovascular systems were reported normal (Pulse Rate = 78/minute, Respiratory Rate = 18/minute, Blood Pressure = 120/78 mmHg). No features of systemic autoimmune disorders were found.

### **Ocular Examination**

On slit-lamp examination, eyelids, cornea, anterior chamber, posterior chamber, and other ocular movements were found normal in both the eyes. No abnormalities were detected in pupillary reaction. Intra-ocular pressure in both the eyes was 14 mm Hg. Visual acuity of both the eyes was 6/6 with glasses. Routine haematological and routine urine examination was within normal limits.

### ***Dashavidha aatura pariksha* (~ten-fold examination of the patient)**

On examination by the *Dashavidha aatura pariksha* as told by Acharya Charaka, the *Prakriti* (~constitution) of the patient was

found to be *Vatapittaja, Vikriti* (~morbidity) was *Tridoshas* alongwith *Vata*, the patient was *Asthi sara* (~excellence of tissues) and of *Madhya samhanana* (~compactness), *Sharira pramana* (~body proportion) height was 5ft 2 inches, and weight 55 kgs. She was *Madhyama satmya* (~suitability), *Prakrita* in *Satva* (~normal psyche), *Ahara shakti* (~digestive power) and *Vyayama shakti* (~capacity of exercise) was *Madhyam* (~normal). *Vaya* (~examination in respect of age) was 45 years (i.e. *Praudha vaya*).

### ***Asthasthana pariksha* (~eight-fold examination)**

On examination, *Naadi* (~pulse) was observed to be *Vata pittaja, Mala* (~stool) was associated with *Ama* (~mucus) and *Jihva* (~tongue) was coated, and it was *Ruksha* (~dry) in appearance. Therefore, based on overall examination, the patient was diagnosed with *Vataja Shirashoola* described in Ayurveda and correlated with Tension Type Headache.

### ***Sroto pareeksha* (~examination of body channels)**

*Rasavaha* (~nutrition channels) and *Raktavaha srotas* (~blood circulating channels) were involved in the current manifestation.

### **Timeline**

The timeline for the treatment and follow up of this case are depicted in Table 1.

**Table 1**

Duration	Event
3 <sup>rd</sup> November, 2020	Diagnosed with Vataja Shirashoola, treatment started
5 <sup>th</sup> to 11 <sup>th</sup> November 2020	Nasya with Rasnadi taila – 1 <sup>st</sup> sitting
12 <sup>th</sup> to 18 <sup>th</sup> November 2020	Oral medication continued
19 <sup>th</sup> to 25 <sup>th</sup> November 2020	Nasya with Rasnadi Tail -2 <sup>nd</sup> sitting
26 <sup>th</sup> November 2020 to 3 <sup>rd</sup> December 2020	Oral medications continued
4 <sup>th</sup> December 2020 to 17 <sup>th</sup> December 2020	Follow up period

**Treatment Given**

*Nasya* (~nasal instillation) with *Rasnadi Taila*, 8 drops in each nostril for 7 days was given in one sitting. Two such sittings of *Nasya* were given with a gap of 1 week in between. Orally, *Dashamoola Kwatha* was given in the dose of 10 ml twice daily, in empty stomach i.e. at 7.00 am in the morning, and at 7.00 pm in the evening for 1 month.

**Observation and Results**

Gradual improvement was observed in the patient after completion of *Nasya* procedure

for 7 days along with intake of *Dashamoola Kwatha* orally for 15 days. The patient got complete relief in signs and symptoms like tightness over forehead, pain in and around eyes and neck pain. Further, another sitting of *Nasya* with *Rasnadi taila* was given, along with oral administration of *Dashamoola Kwatha* for another 15 days. No recurrence of headache was seen even after 2 months of completion of the treatment.

**Table 2: Change in Signs and Symptoms before treatment and after treatment**

Sl. No.	Parameter	Before treatment	After treatment
1.	<i>Tivraruja</i> (Intense Pain)	Severe	No episode since past 1 month
2.	<i>Nishi cha atimatram</i> (Excessive Pain at Night)	Severe	No episode since past 1 month
3.	<i>Shankhanistoda</i> (Bitemporal headache)	Severe	Relieved
4.	<i>Ghatasambheda</i> (Pain in occipital region)	moderate	Relieved
5.	<i>Bhrumadhyevam lalatapanam</i> (Pain and burning in forehead)	Severe	Mild
7.	<i>duration of headache (in hrs)</i>	24-48 hrs	No episode since past 1 month

8.	<i>Frequency of headache</i>	Once in 15 days	No episode since past 1 month
9.	Stiffness of neck and shoulder	present	relieved
10.	Difficulty in concentrating	present	Absent
11.	Disturbed sleep	present	Absent
12.	Photophobia	present	Absent

## DISCUSSION:

*Nasya* with *Rasnadi Taila* was done for two sittings of 7 days each with a gap of 7 days in between the two sittings. The contents of *Rasnadi Taila* are *Rasna* (*Pluchea lanceolata* Oliver & Hiern) and *Laghu Panchamoola*. *Laghu Panchamoola* is mentioned as *Shothahara* (~reduces oedema), *shoolahara* (~reduces pain) and *vedanashamaka* (~alleviating pain). The drugs used in *Rasnadi taila* are having *Usna virya* (~potency), which pacify both *vata* and *kapha dosha*. It has *ashupaka* (~easily digested) properties, through which it acts quickly at minute channels. The drug *Rasna*, due to its *Usna virya*, pacifies *Vata dosha*, resulting in reduction of *Toda* (~pricking pain), *Shula* (~pain) and other related symptoms.

*Dashamoola Kwatha* was given orally 10 ml twice daily for 30 days. Drugs of *Dashamoola* have *Ushna Virya*, *Katu Rasa* and *Tikta Rasa*, which have *Deepana–Pachana Karma* (~promoting digestive fire), which causes *ama-pachana* and thus provides proper metabolism and ultimately

balances the *Agni* (~digestive fire). The drugs in *Dashamoola* having *Kashaya Rasa* (~astringent) and *Ruksha Guna* (~dry) supports the function of these Rasas (*Katu – Tikta*) due to *Shoshana Karma* i.e. it helps better absorption at cellular level by enhancing the function of digestion and metabolism. Further, *Ushna Virya* has *Deepana–Pachana, Virechana, Vilayana* property, which softens and liquefies the morbid doshas which are ultimately expelled out due to *Virechaka karma*. Also, *Snigdha guna, Madhura vipaka* and *Madhura rasa* is having the property *Srushtavinamutra*, which enhances the process of softening and liquification. *Snigdha Guna* also has *Kledana Karma* which acts as a binding agent. *Laghu Guna* and *Tikshna* have *Sroto-shodhaka* property, which helps in expelling the morbid doshas. These *Guna* also have the property of *Urdhavabhaga-doshaharatva*, which breaks the *Samprapti* at *Prasaravastha*, where *Vata* alone or *Kapha* along with *Vata* causes *Urdhavaga pravriti* of vitiated doshas. The

pharmacological properties of the drugs used in this case are given in Table 3.

As stated by *Acharya Sushruta*, medicines or medicated oil administered through the nose is known as *Nasya*.<sup>[6]</sup> According to *Acharya Sharangdhara* and *Vagbhata* also, all drugs and measures that are administered through the nasal passage are called *Nasya*.<sup>[7]</sup> *Nasya Karma* is said to be the most effective therapeutic measure for *Urdhvajatrugata Rogas*.<sup>[8]</sup> In *Astanga Sangraha*, *Nasa* is described as the gateway of *Shirah*. Hence the drug is administered through nostrils. The drug thus administered reaches *Shringataka* (a *Sira marma* by *Nasa Srota*) and spreads in the *Murdha* (brain) reaching the *marmas* of the *Netra* (eye), *shrotra* (ear), *Kantha* (throat), *Shiramukha* (opening of the vessels etc.). Then, by virtue of its potency, it scratches the morbid doshas in the supraclavicular region and expels them from *Uttamanga*.<sup>[9]</sup>

The drug administered through nasal route is transported further through two ways.

i. By systemic circulation

ii. Direct pooling into the intracranial region.

This direct transportation can be assumed again in two paths, viz.

(a) By vascular path

(b) Lymphatic path

Vascular path transportation is possible through the pooling of nasal venal blood to the facial vein, which naturally occurs. The inferior ophthalmic veins also pool into the facial vein. It is known that facial and ophthalmic veins have no valves in between. The blood from facial vein can enter cavernous venous sinus of the brain. Such a pooling of blood from nasal veins to venous sinuses of the brain is more likely in the head lowered position due to gravity and expels out the morbid doshas.<sup>[10]</sup>

Therefore, due to above properties, the medicines act on *Vataja Shirahshoola* which is a *vata pradhana* disease occurring at the site of *Kapha dosha* i.e. *Shirah*. These medicines also increase the immunity of the patient, so that there is no recurrence of the headache.

**Table 3: Pharmacological properties of the drugs of Dashamoola**

Drug Name	Properties				Dosha ghnata	Karma
	Rasa	Guna	Veerya	Vipaka		

<b>Bilva.</b> L-Aegle Marmelos. F-Rutaceae.	<i>Kashaya Tikta.</i>	<i>Laghu, ruksha.</i>	<i>Ushna</i>	<i>Katu.</i>	KV↓	<i>Shothahara, Vednasthapana, Deepana, Pachana, Pittasaraka, Raktastambhana.</i>
<b>Agnimantha.</b> L- Clerodendrum Multiflorum. F-Verbenaceae	<i>Tikta, katu, kashaya, Madhura</i>	<i>Ruksha, Laghu.</i>	<i>Ushna</i>	<i>Katu.</i>	KV↓	<i>Shothahara, Vednasthapana, Deepana, Pachana, Raktashodhaka.</i>
<b>Shyonaka</b> L- Oroxyllum Indicum. F-Bignoniaceae	<i>Madhura, Tikta, kashaya.</i>	<i>Laghu ruksha</i>	<i>Ushna</i>	<i>Katu.</i>	KV↓	<i>Shothahara, Vedanasthapana Deepana, Pachana, Rechana, Grahi, Krimighana.</i>
<b>Gambhari.</b> L-Gmelina Arborea F-Verbenaceae	<i>Tikta, kashaya, madhura.</i>	<i>Guru.</i>	<i>Ushna Fruit- Sheeta</i>	<i>Katu.</i>	VPK↓	<i>Snehana, Medhya, Vednasthapana, Shothahara, Rasayana.</i>
<b>Patla.</b> L- Stereospermum Suaveolens. F-Bignoniaceae	<i>Tikta, kashaya.</i>	<i>Laghu, ruksha.</i>	<i>Anushna</i>	<i>Katu.</i>	VPK↓	<i>Vedanasthapana, Vranaropana, Shothahara, Dahaprashamana, Jwaraghana.</i>
<b>Shalparni.</b> L-Desmodium Gangeticum. F-Fabaceae.	<i>Madhura, Tikta.</i>	<i>Guru, Snigdha</i>	<i>Ushna.</i>	<i>Madhura.</i>	VPK↓	<i>Deepana, Snehana, Anulomana, Shothahara, Shonitasthapana.</i>
<b>Prushniparni</b> L-Uraria Picta. F-Fabaceae.	<i>Madhura, tikta.</i>	<i>Laghu, Snigdha.</i>	<i>Ushna.</i>	<i>Madhura.</i>	VPK↓	<i>Deepana, Nadibalya, Shonitasthapan, Shothahara, Dahan- prasamana.</i>
<b>Brihati.</b> L-Solanum indicum.	<i>Katu, tikta.</i>	<i>Laghu, ruksha, tikshan</i>	<i>Ushna.</i>	<i>Katu.</i>	KV↓	<i>Vedanasthapana, Deepana, Pachana, Raktashodhaka,</i>

F-Solanaceae.						<i>Shothahara.</i>
<b>Kantakari.</b> L-Solanum virginianum. F- Solanaceae.	<i>Katu, tikta.</i>	<i>Laghu, ruksha, sara.</i>	<i>Ushna.</i>	<i>Katu.</i>	KV↓	<i>Vedanasthapana Shothahara, Deepana, Pachana, Rechana, Bhedana, Amadosha- nashaka, Raktashodhaka.</i>
<b>Gokshura.</b> Tribulus terrestris. Zygophyllacea e	<i>Madhura.</i>	<i>Guru, Snigdha.</i>	<i>Sheeta.</i>	<i>Madhura.</i>	VP↓	<i>Vedanasthapana Deepana, Saraka, Shothahara, Kaphanissaraka, Rakta-pitta Shamaka.</i>

#### CONCLUSION:

Based on the clinical presentation, *Vataja Shirashoola* may be compared with Tension Type Headache (TTH). *Nasya* with *Rasnadi taila* and oral administration of *Dashamoola Kwatha* is effective in the management of *Vataja Shirashoola* (Tension Type Headache).

The drugs having *Vatakapha hara* properties help to manage the *Vataja Shirashoola*. This treatment protocol may be tried in a larger number of patients for concrete conclusions.

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